

# Delaware CORE II

Community Outreach, Referral, and Early Intervention for Clinical High Risk (CHR)



Call 888-284-6030

# Why Are You Here Today?

To better understand:

- What it means to be “at Clinical High Risk” (CHR) for psychosis.
- What attenuated symptoms look like before a first episode;
- How to reduce the risk of psychosis;
- How to refer to CORE II.

# Positive Symptoms of Psychosis

## ***Hallucinations/ Perceptual abnormalities***

- Odd sounds
- Heightened sensitivity to noise, touch, smell, light
- Frequent distortions
- “Presence”, shadows, trails

## ***Delusional Ideas/ Unusual thought content***

- Bizarre obsessional preoccupations
- Somatic delusions
- Magical thinking
- Having the sense that the world around you is not real

## ***Suspiciousness/Paranoia***

- Marked Guardedness
- Mistrust of others

## ***Grandiosity***

- Notion of being unusually gifted
- Exaggerated belief of power, self-worth, or knowledge

## ***Disorganized communication***

- Jumbled thoughts
- Expressive & receptive aphasia
- Speaking in circles
- Tangentiality
- Word Salad

# Negative Symptoms of Psychosis

*Lack of pleasure in activities that one used to enjoy*

*General lack of desire, motivation, and persistence*

*Reduced expression of emotion*

*Reduced experience of emotions and self*

*Reduced ideational richness*

*Reduced level of occupational functioning*

# Evidence for the prodrome

- **Unexplained decline in school or work performance;**
- **Attenuated (i.e., mild) symptoms:**
  - **Seeing things out of the corner of one's eye;**
  - **Hearing “sounds” – not voices;**
  - **New beliefs seem odd or distressful to the person having them.**
- **Insight: “Something’s not quite right.”**

## **Attenuated Psychosis:**

- **Hallucinations, Delusions, Disorganization;**
- **Once per week past month;**
- **Began or worsened past year;**
- **Distressing or Disabling;**
- **No better explanation.**

# Delaware CORE I



Delaware CORE I is a service of the Delaware Division of Prevention and Behavioral Health Services (DPBHS) and Delaware Division of Substance Abuse and Mental Health (DSAMH).

We are a 5-year federally funded program providing the state with evidence based early intervention services. All assessment and treatment services are confidential and paid for by a grant from the Substance Abuse and Mental Health Administration (SAMHSA).

Delaware CORE includes partnerships with:

- The PIER Training Institute in Portland, Maine
- The PRIME Research Clinic at Yale School of Medicine
- The Center for Training, Evaluation, and Community Collaboration (C-TECC) at the University of Delaware.

# WHAT IS THE DIFFERENCE BETWEEN CLINICAL HIGH RISK FOR PSYCHOSIS AND FIRST EPISODE PSYCHOSIS?

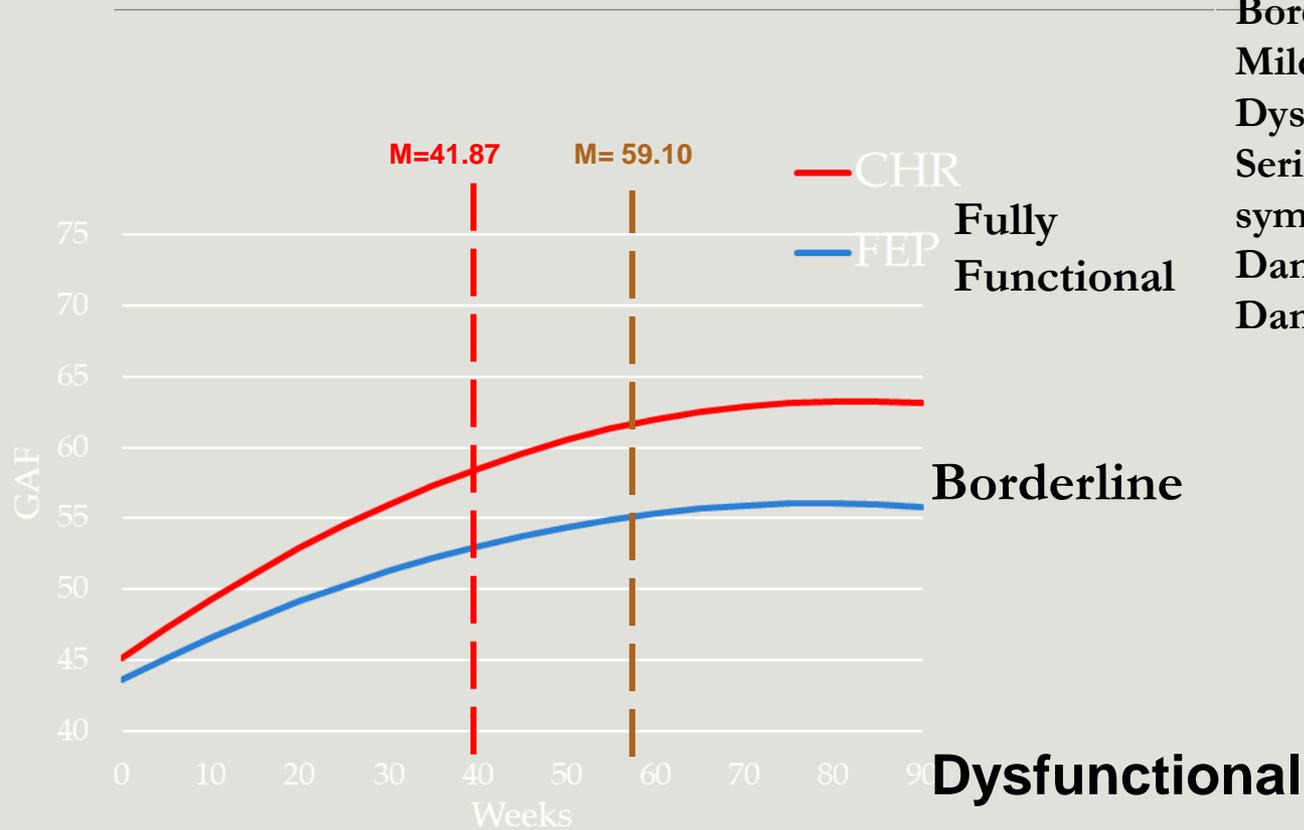
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	<b>Clinical High Risk</b>	<b>First Episode Psychosis</b>
Insight	Experiences in my head	Experiences are real.
Attitude	Perplexed	Accepted
Functioning	More likely to attend school or work	More likely to have left school or job
Social	More likely to have friends outside home	More likely to be isolated.

# MIRECC Symptom Trajectory

## GAF Scale Key

**Fully Functional: 70-100**  
Minimal to no symptoms  
**Borderline Functional: 50-69**  
Mild to moderate symptoms  
**Dysfunctional: 20-49**  
Serious and impairing symptoms  
**Dangerous: 0-19**  
Dangerous to self or others



# MIRECC Occupational Trajectory

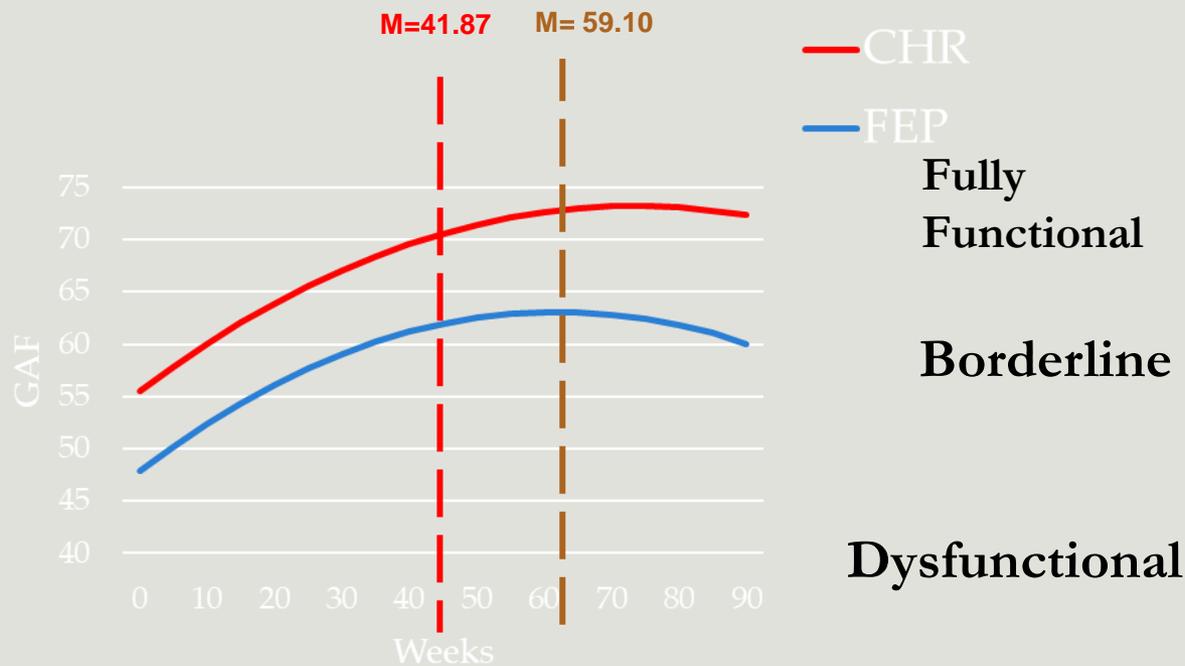
## GAF Scale Key

**Fully Functional: 70-100**  
Working competitively

**Borderline Functional: 50-69**  
Working competitively but with impairment

**Dysfunctional: 20-49**  
Not working or working non-competitively

**Dangerousness: 0-19**  
Not able to obtain basic needs



— CHR

— FEP

**Fully Functional**

**Borderline**

**Dysfunctional**

# MIRECC Social Trajectory

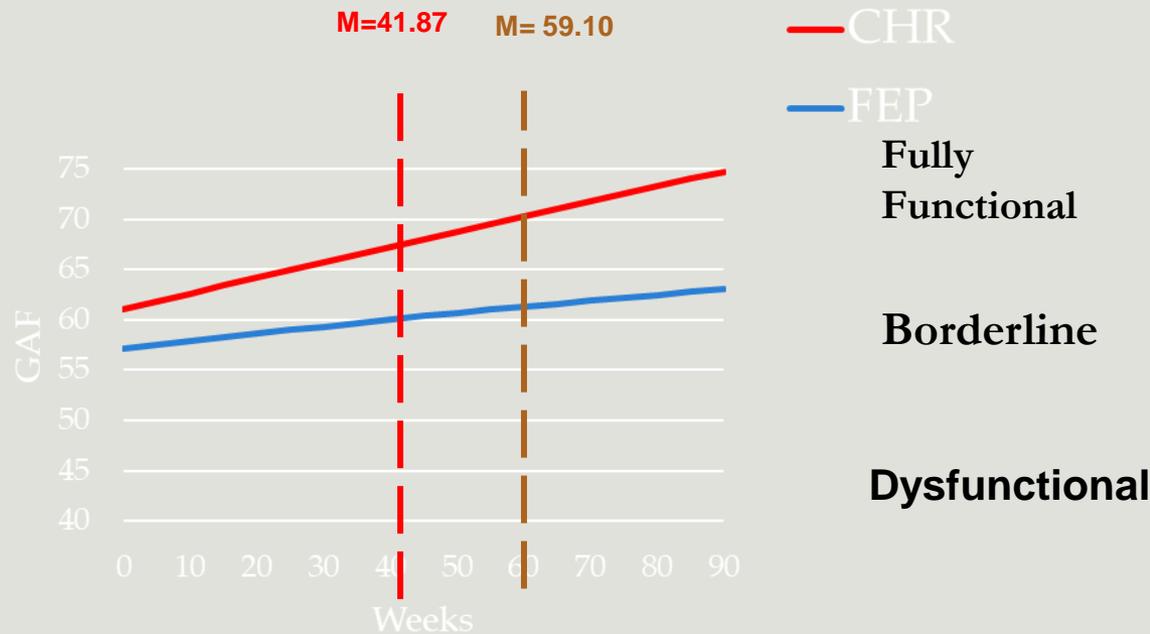
## GAF Scale Key

**Fully Functional: 70-100**  
Meaningful interpersonal relationships

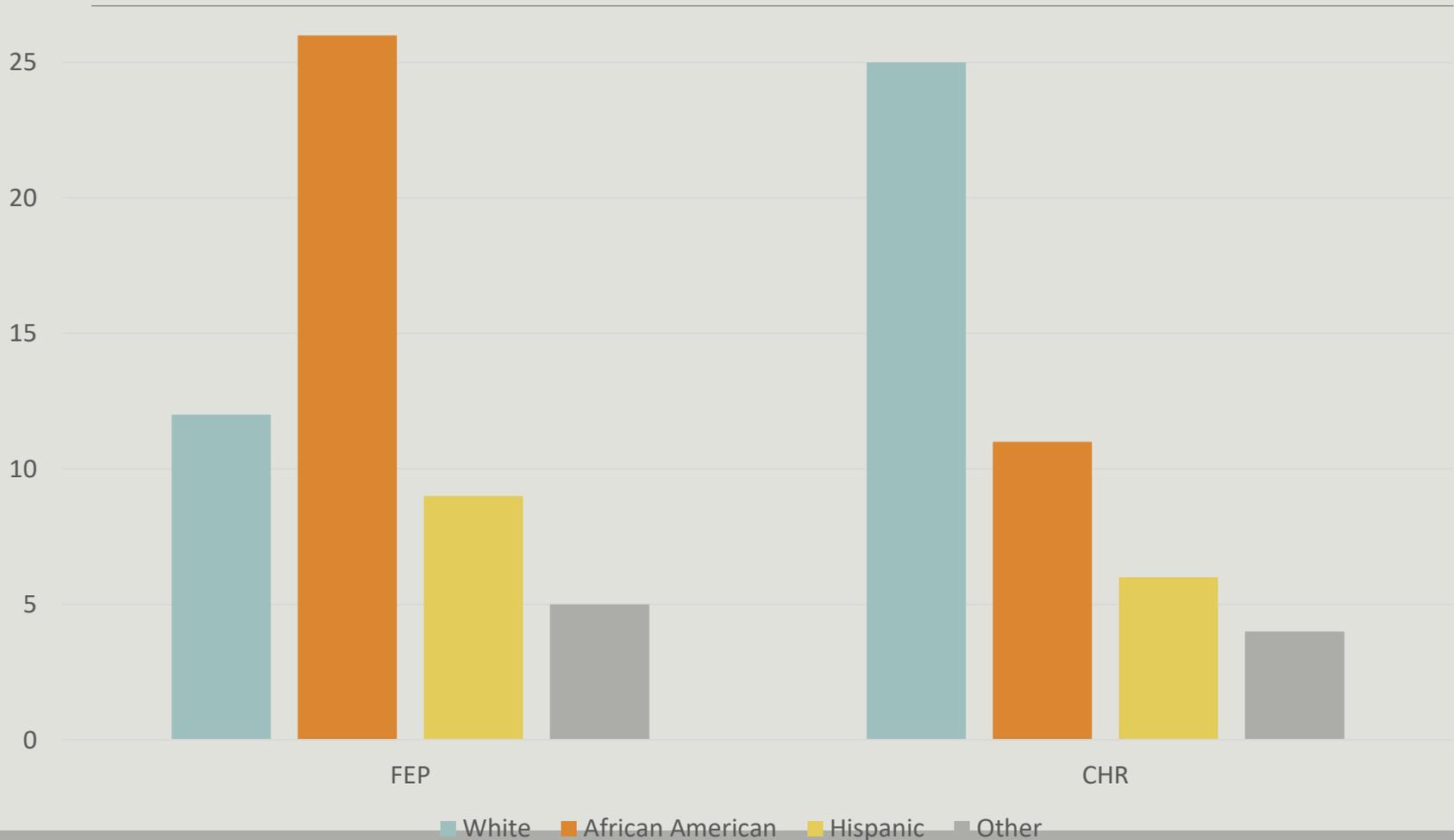
**Borderline Functional: 50-69** At least one meaningful relationship, with impairments

**Dysfunctional: 20-49**  
No meaningful interpersonal relationships

**Dangerousness: 0-19**  
No meaningful interpersonal relationships, dysfunctional interactions



# Race/Ethnicity by Diagnostic Category



# Delaware CORE II



Delaware CORE II is a service of the Delaware Division of Prevention and Behavioral Health Services (DPBHS) and Delaware Division of Substance Abuse and Mental Health (DSAMH).

This is a 4-year federally funded program providing the state with evidence based early intervention services. All assessment and treatment services are confidential and paid for by a grant from the Substance Abuse and Mental Health Administration (SAMHSA).

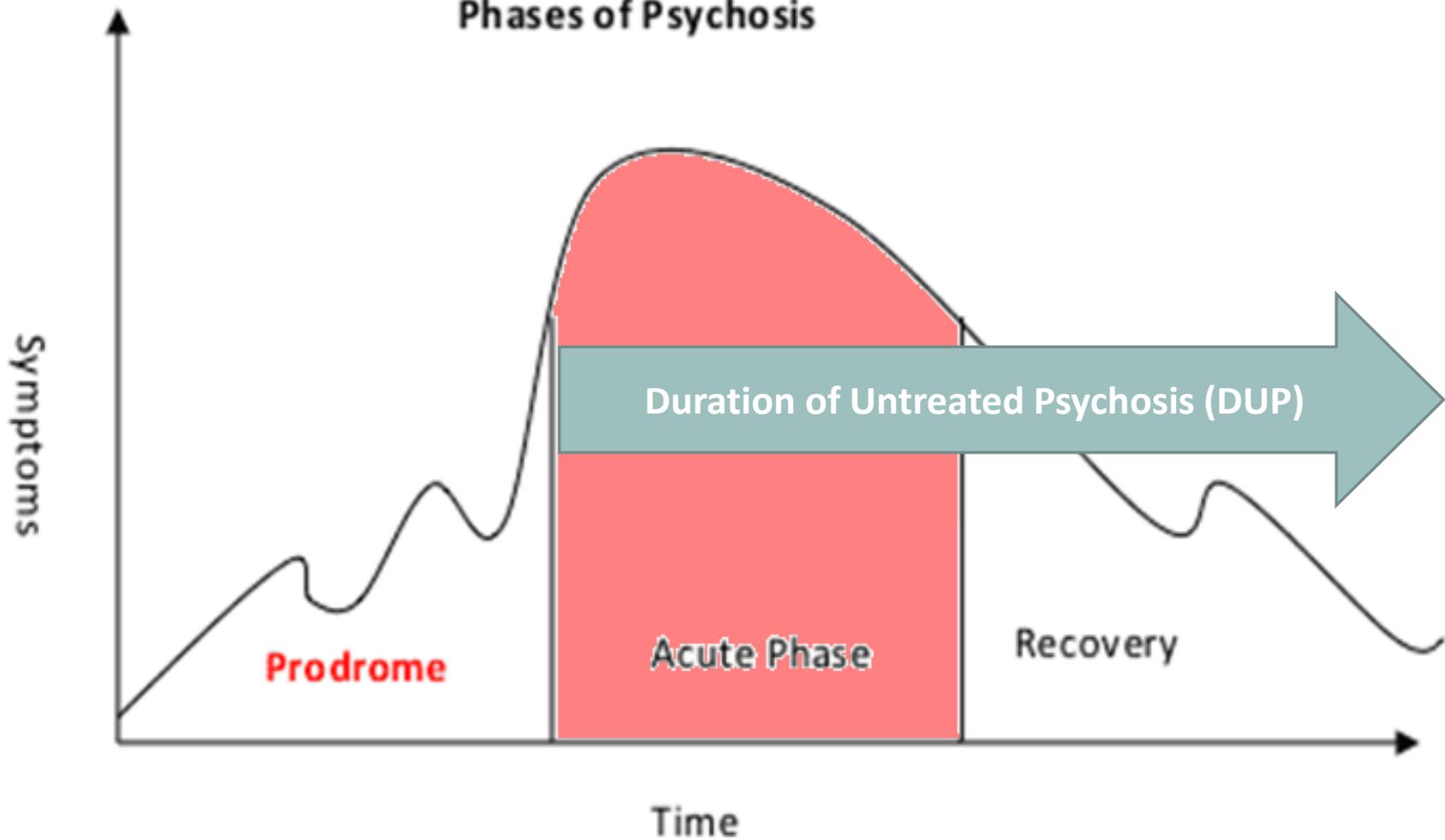
Delaware CORE II includes partnerships with:

- Horizon House of Delaware
- Ichan School of Medicine, Mount Sinai Hospital, New York
- Westchester University, Westchester, Pennsylvania

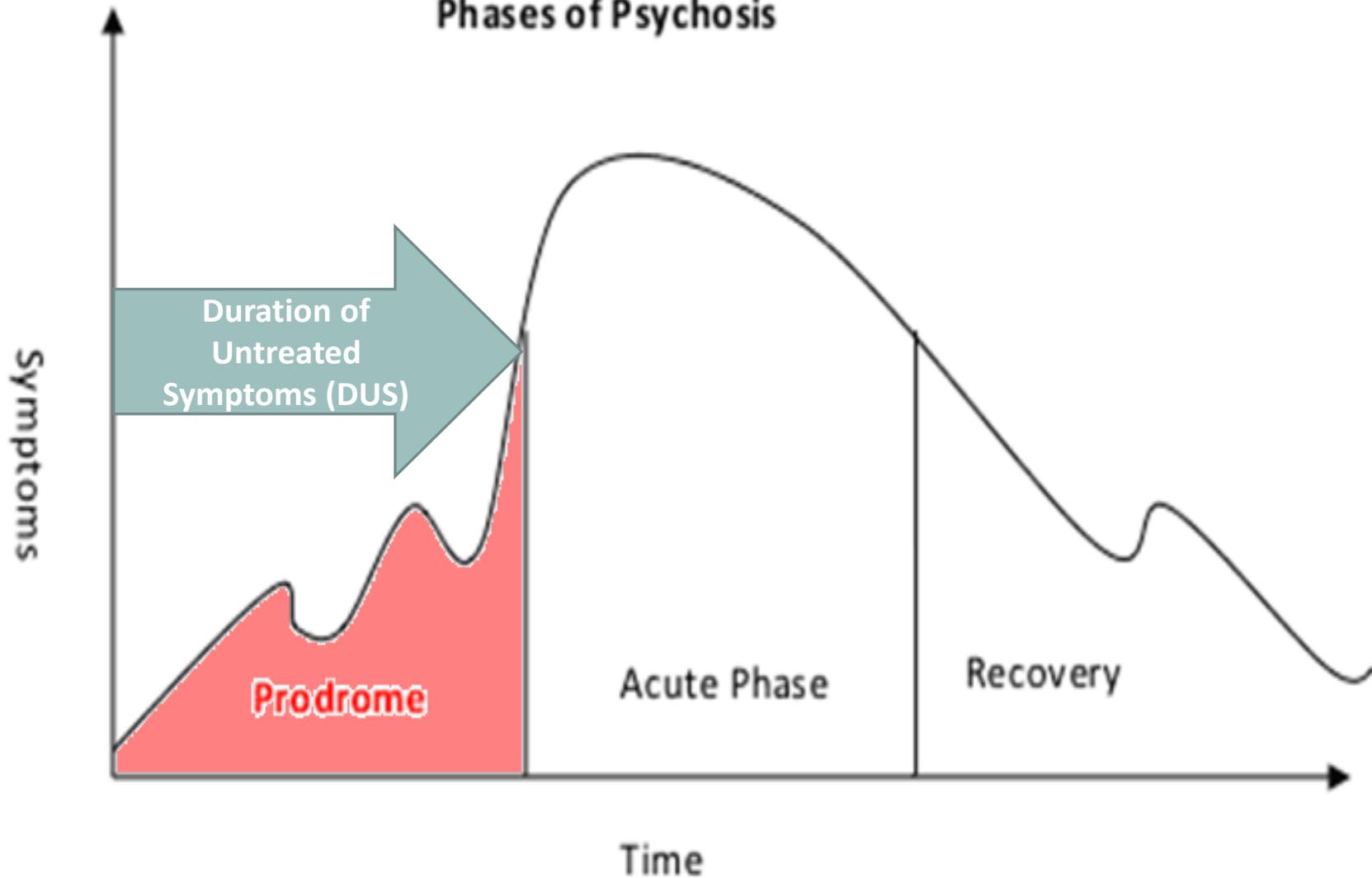
DPBHS, DSAMH, and our partners are collaborating to sustain these services throughout Delaware's systems of care.

**What is the clinical worth in identifying  
“clinical high risk” (CHR) for psychosis.**

## Phases of Psychosis



## Phases of Psychosis



**What did you notice?**

## What we can do to reduce CHR?

- Teach families about psychosis and what it means to be “at risk”
- Promote the idea that thoughts are observable and manageable;
- Teach caregivers to understand and engage (not confront or diminish) when a young person loses insight;
- Teach about the relationship of stress to symptoms;
- Use group sessions to de-isolate individuals and families and promote mutual support;
- Seek accommodations to keep him/her at work or in school;
- Abstain from drugs and alcohol;
- Consider the option of medication – if indicated.

# Group and Family-Cognitive Behavioral Therapy

- Initial online screening
- Full assessment
- Tier 1: Intro to Cognitive Behavioral Therapy (6 weeks)
- Tier 2: Group and Individual (30 weeks)
  - 15 CBT participant groups
  - 15 Communication family groups
  - 15 Individual Sessions
- Supported employment and education
- Substance Use Prevention
- Medication management (as needed)
- Case coordination
- Peer support *\*In development for those under 18*

# PQ-16 (Prodromal Questionnaire-16)

- ❖ PQ-16 is a screening measure for symptoms indicating risk for psychosis
- ❖ Based on the 92 item Prodromal Questionnaire
- ❖ Guides you to ask relevant questions when concerned about risk for psychosis
- ❖ Primarily assesses positive symptoms:
  - ❖ 14 positive symptoms, 2 negative, and personal distress
- ❖ Can be administered by clinician with the client
- ❖ Used for ages 12 and older

MH Staff Only

# PQ-16 (Prodromal Questionnaire-16)

## ***Scoring:***

***3 or more “true” answers indicates an individual at risk for psychosis.***

***A score of less than 3 “true” answers can still be referred; if your clinical judgment suspects a risk for psychosis, please refer.***

***Referrals are accepted without a completed PQ-16.***

MH Staff Only

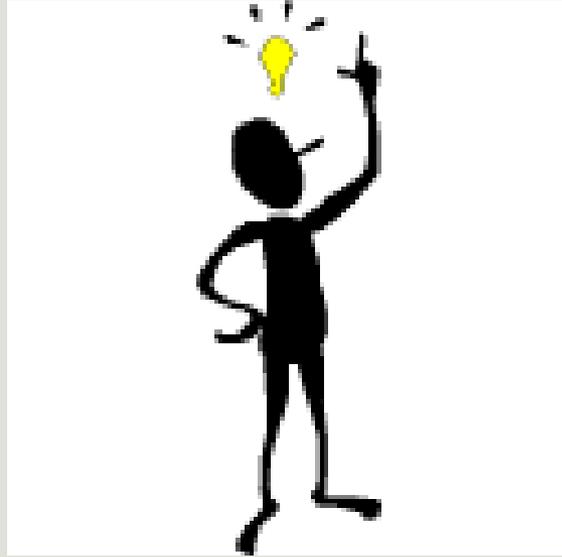
# PQ-16 (Prodromal Questionnaire-16)

## When to administer the PQ-16:

- ❖ When you have a client who may be an appropriate referral but are unsure
- ❖ When an individual has developed psychosis-like symptoms within the last 24 months
- ❖ Consider administering privately with the client and give PQ-16 to parent separately for collateral information
- ❖ This assessment is used to help eliminate or reduce false positives for referrals

\* The severity rating scale is not required

MH Staff Only



# Let's Practice!

\* The severity rating scale is not required

MH Staff Only

# Case Example: Jane

- Jane is a 16 year old female who has generally been a good student (A's & B's), motivated, socially connected and enjoys dance/musical theater.
- Within the past several weeks, Jane's teachers have noticed her staring out the window, losing track of lectures, appearing withdrawn and uninterested. Jane's penmanship has also changed.
- Jane now has 2 C's and a D on her report card and she has stopped socializing with friends.
- Jane's parents note she is spending more time in her room with headphones in her ears and seems distracted. When asked about this, Jane says, "It's helping with the buzzing noise in my ears."
- Jane has refused to attend dance class, saying, "It makes me nervous to go there; I feel like they maybe don't like me anymore. Also, I can't keep the beat and keep track of my moves anymore. My body is not working right."



MH Staff Only

# Case Example Master: Jane

Severity scoring  
is not required

1. I feel uninterested in the things I used to enjoy.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2. I often seem to live through events exactly as they happened before (déjà vu).	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3. I sometimes smell or taste things that other people can't smell or taste.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4. I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. I have been confused at times whether something I experienced was real or imaginary.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6. When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7. I get extremely anxious when meeting people for the first time.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
8. I have seen things that other people apparently can't see.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
9. My thoughts are sometimes so strong that I can almost hear them.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
10. I sometimes see special meanings in advertisements, shop windows, or in the way things are arranged around me.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
11. Sometimes I have felt that I'm not in control of my own ideas or thoughts.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
12. Sometimes I feel suddenly distracted by distant sounds that I am not normally aware of.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
13. I have heard things other people can't hear like voices of people whispering or talking.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
14. I often feel that others have it in for me.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
15. I have had the sense that some person or force is around me, even though I could not see anyone.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
16. I feel that parts of my body have changed in some way, or that parts of my body are working differently than before.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

MH Staff Only

# Case Example: Joe

- Joe is a 23 year old male who works in his family's grocery store.
- In his free time, he likes to play video games, go fishing with his two brothers, and watch sports with friends and family.
- Joe had a breakup with his girlfriend about 6 months ago and since then he has begun to notice some unusual sensory experiences. It began with what sounded like the wind in his ears and has changed over time to what now has started to sound like a whisper. Joe has asked coworkers if they hear it. Joe has also occasionally seen shadows out of the corners of his eyes.
- He has been described as seemingly different somehow, distracted and “spacey” at times.
- He feels as though something is wrong and he cannot quite explain it. He notices coincidences more often that he feels may have some special significance for him and he experiences frequent déjà vu.
- Joe has also begun to lose interest in his hobbies.



MH Staff Only

# Case Example Master: Joe

Severity scoring  
is not required

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MH Staff Only

# Referring someone with CHR:

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- Ages 12 to 25
  - Client may enter program before 26<sup>th</sup> birthday
- New Castle County (NCC) resident or resident at an NCC college or university
- Positive Screen on PQ-16 (i.e., 3+ symptoms endorsed);
- Medical insurance is not a criteria - grant pays for treatment (except medication)
- Must have IQ of 70 or above prior to first episode

\* Exclusions include existing neurological disorders and possibly head injuries

# How To Refer Someone with CHR

To contact Delaware CORE  
with questions or  
to make a referral, call:  
**(888) 284-6030**

Fax Delaware CORE II's  
referral form to:  
**(302) 661-7283**

DELAWARE DIVISION OF PREVENTION AND BEHAVIORAL HEALTH SERVICES  
DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH



DELAWARE CORE

Community Outreach Referral and Early Intervention

## PERMISSION TO CONTACT FORM

### Referring Party Contact Information *\*Please print clearly*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Organization: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Organization's zip code: \_\_\_\_\_ State locator code (if applicable): \_\_\_\_\_

Office phone: \_\_\_\_\_ Business cell phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Business email: \_\_\_\_\_

### Client Contact Information *\*Please print clearly*

Youth or young adult's: Preferred language: \_\_\_ English \_\_\_ Spanish Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

PID (if applicable): \_\_\_\_\_ Home street address: \_\_\_\_\_

Home city: \_\_\_\_\_ Home zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Caregiver's (if youth under 18 years old): Preferred language: \_\_\_ English \_\_\_ Spanish

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best available time for contact: \_\_\_\_\_

### PERMISSION TO CONTACT YOUNG ADULT OR YOUTH'S FAMILY BY PHONE

*"I have obtained verbal agreement from the young adult or caregiver to have one of our staff members contact him or her by phone to provide more information about Delaware CORE."*

Referring Party Signature: \_\_\_\_\_

*(if youth under 18 years old)*

*"I agree to have information regarding my involvement with DFSIYRS released to Delaware CORE."*

Primary Caregiver Signature: \_\_\_\_\_

*Please have primary caregiver sign release of information WHEN POSSIBLE.*

Referring Party – complete and FAX this page to 302-661-7283.

For further information, call 888-284-6030.

Your assistance is critical to our goal of helping these youth and young adults!

**THANKS!**

# MENTAL ILLNESSES ARE **NOT** ADJECTIVES



ENDING STIGMA  
STARTS WITH **YOU.**

Artwork by: Jon Mason, Youth Advocate

*Any Questions  
Or Comments?*



**Call 888-284-6030**

Thank you for your interest!  
We look forward to working with you.

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**Call 888-284-6030**

